

STATE VERIFICATION OF EMERGENCY MEDICAL SERVICES LICENSURE AND/OR CERTIFICATION

TO BE COMPLETED BY THE APPLICANT, THEN SEND TO THE STATE AGENCY IN WHICH YOU HAVE HELD CERTIFICATION

NAME:	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>	<input style="width: 95%;" type="text"/>
	<small>FIRST</small>	<small>MIDDLE</small>	<small>LAST</small>
SOCIAL SECURITY NUMBER:	<input style="width: 95%;" type="text"/>	DATE OF BIRTH (mm/dd/yyyy):	<input style="width: 95%;" type="text"/>
STATE OF CERTIFICATION/LICENSURE:	<input style="width: 95%;" type="text"/>	CERTIFICATION/LICENSE #:	<input style="width: 95%;" type="text"/>
NUMBER OF STATES IN WHICH YOU HAVE HELD EMT CERTIFICATION/LICENSURE (VERIFICATION FORMS REQUIRED FROM EACH):			<input style="width: 95%;" type="text"/>
ARE YOU SUBMITTING YOUR INITIAL MASSACHUSETTS APPLICATION <u>ONLINE</u> (E-LICESNING) OR BY <u>PAPER</u> (MAIL):			<input style="width: 95%;" type="text"/>

TO BE COMPLETED BY THE STATE EMS OFFICE

The above named individual is applying for Massachusetts EMT certification and reported holding **current and/or prior** credentials from your agency. Please complete the following information regarding all current and/or prior certifications which your agency has issued a credential for and **return it directly to our office**. Please call 617-753-7300 with any questions or concerns.

	CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE	NOTES / COMMENTS
EMT/EMT-BASIC				
EMT-I 85/99				
ADVANCED EMT				
PARAMEDIC/EMT-PARAMEDIC				
Other: _____				

Is this applicant's certification/license in good standing? (No compliance issues on the record and no pending compliance issues) <input type="checkbox"/> YES <input type="checkbox"/> NO (please attach documentation of the incident)	Has this applicant's certification/license ever been suspended and/or revoked in your state? <input type="checkbox"/> YES (please attach documentation of the incident) <input type="checkbox"/> NO
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INDIVIDUAL VERIFYING (PRINT)	TITLE
INDIVIDUAL VERIFYING (SIGNATURE)	DATE
(STATE) LICENSING AGENCY	PHONE NUMBER

PLEASE RETURN THIS DOCUMENT DIRECTLY TO MASSACHUSETTS OEMS BY EITHER FAX OR MAIL	
FAX: 617-753-7320 ATTN: EMS CERTIFICATION VERIFICATION	MASSACHUSETTS DPH-OEMS EMS CERTIFICATION (VERIFICATION) 99 CHAUNCY STREET (11 TH FLOOR) BOSTON MASSACHUSETTS 02111